

## UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_

Case No.

**20-00033**

(to be filled in by the Clerk's Office)

UVAROV DENIS

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Immigration and Customs  
Enforcement (ICE) of US Department  
of Homeland Security

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT AND REQUEST FOR INJUNCTION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

UVAROV DENIS

Street Address

Homeless

City and County

SAIDAN

State and Zip Code

CNMI 96950

Telephone Number

286 40 15

E-mail Address

ugreban@gmail.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 2 (Rev. 12/16) Complaint and Request for Injunction

Defendant No. 1

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Immigration and Customs Enforcement  
(ICE) of US Department of Homeland Security  
SAN FRANCISCO Field Office  
630 Sansome Street Rm 590  
SAN FRANCISCO, CA, 94111  
(415) 844 5512

Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question ☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

## 1. The Plaintiff(s)

## a. If the plaintiff is an individual

The plaintiff, *(name)* UVAROV DENIS, is a citizen of the  
State of *(name)* RUSSIAN FEDERATION.

## b. If the plaintiff is a corporation

The plaintiff, *(name)* \_\_\_\_\_, is incorporated  
under the laws of the State of *(name)* \_\_\_\_\_,  
and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

## 2. The Defendant(s)

## a. If the defendant is an individual

The defendant, *(name)* \_\_\_\_\_, is a citizen of  
the State of *(name)* \_\_\_\_\_. Or is a citizen of  
*(foreign nation)* \_\_\_\_\_.

- b. If the defendant is a corporation

The defendant, (name) Immigration and Customs Enforcement is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

See attached

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the injunction or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

See attached

- B. What date and approximate time did the events giving rise to your claim(s) occur?

See attached

- C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

See attached

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**IV. Irreparable Injury**

Explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

See attached

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**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

See attached

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**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

PRO Se

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12.02.2020

Signature of Plaintiff

Printed Name of Plaintiff



UVAROV DENIS

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

## PLAINTIFFS MOTION FOR PRELIMINARY INJUNCTION

I respectfully move this Court for a preliminary injunction as set out below and for the reasons set out in the accompanying Memorandum in Support of Motion for Preliminary Injunction. Fed. R. Civ. P. 65(a).

I respectfully request that this Court consolidate the preliminary injunction hearing with the trial on the merits and rule on the merits in accordance with Fed. R. Civ. P. 65(a)(2).

WHEREFORE, I respectfully request the Court grant my Motion and issue a preliminary injunction pending a decision on the merits of my main claim ~~1:20.CV.00033~~<sub>32</sub> in this matter.

## PLAINTIFFS MEMORANDUM IN SUPPORT MOTION FOR PRELIMINARY INJUNCTION

On June 7, 2018, during an interview at the ICE office located on Saipan Island in Mariana Hights II, an ICE employee illegally confiscated my only identification and travel document - Russian passport. Instead of a passport, he gave me a copy with a signature and seal (see attached).

This action is a violation of my constitutional right of freedom of movement. Without passport I cannot leave CNMI. No charges were brought against me, no judge, no jury decided to restrict my movement.

In July 2020, I decided to leave CNMI and no longer claim for the withholding of removal status due to my personal reasons. I was planning to leave CNMI on August 10, 2020 when there was a Saipan-Seoul flight.

In order to obtain my travel document, I applied to both ICE offices in person in July 2020. ICE staff in office located in Mariana Hights II questioned me, but refused to return my passport, linked to a "procedure". Employees of ICE in office located in Gualo Rai told me to contact the USCIS Los Angeles asylum office. I filed my request to the USCIS Los Angeles asylum office in July 2020 by regular post and multiple by e-mail, I sent them all the necessary documents (see attached). They replied to me on September 15 by e-mail that they do not know when they will be able to organize my dismissal interview, which is necessary for "procedure" of returning my passport (see attached). And they replied me that "We are unable to schedule non detained interviews in Saipan at this time" (see attached). I also emailed the DHS head (see attached) and the US general attorney to return my passport. I also addressed this question to the CNMI immigration court (see attached). I received no response to my requests.

Thus, my constitutional right of freedom of movement is violated.

## I WILL SUFFER IRREPARABLE INJURY ABSENT AN INJUNCTION

If this Court does not grant this injunction, I will suffer irreparable injury to my bodily and mental health.

This situation endangers my life and health because I do not have a work permit despite I filed application for EAD almost two years ago, I do not receive any help and I have no means of subsistence despite I sent multiple application to USA Social Security

Administration.

For the period from August 10, 2020, when I was planning to leave until today, due to the impossibility of leaving as a result of the illegal restriction of my constitutional rights, I have experienced and are experiencing the following irreparable harm:

This is depression (see attached).

This is Epididymitis due to the fact that I live on the street, where it is humid, where there are drafts, where I have no opportunity to wash clothes and maintain hygiene (see attached).

I am being Attacked by flies, lizards running over my body, ants;

Urination problem showed up;

Humiliations, deprivations, hunger, sleeplessness, hunting fears;

Feeling small and lost, erased trust in government agencies' fairness,

feeling left behind and forgotten., denial of support from federal and local government agencies.

Damage to my digestive system due to the fact that I am often hungry and do not have the opportunity to regularly eat normal food. Damage to my teeth due to the fact that I cannot brush them regularly.

Damage to my shape: excess fat, loss of muscle mass.

Reduced life expectancy due to this health hazard.

These are my injuries and stress as a result of the attack on me because I do not have safe place to stay (see attached).

Due to the inability to leave, my health condition may further deteriorate until my death, and this injury cannot be quantified, no amount of money damages is calculable, and therefore the harm cannot be adequately compensated and is irreparable.

In addition, if they do not immediately return my passport, then it will expire, which will mean that I will never be able to leave CNMI at all, which essentially means life imprisonment for me. Which is also irreparable harm.

The another factor showing irreparable harm to me, i.e., the denial of my constitutional rights, also shows why the public interest is furthered by an injunction.

See *id.* (noting that the irreparable harm and public interest "merge" when the government is a party). "[T]he public interest lies in a correct application of the federal constitutional and statutory provisions.

#### I AM LIKELY TO SUCCEED ON THE MERITS OF THEIR COMPLAINT

To satisfy the first prong of the preliminary injunction analysis, I am not required to demonstrate that I will succeed on the merits at trial. Nor am I required to demonstrate that I will probably succeed on the merits of my claims.

I must only demonstrate that the legal issues I raise are substantial enough to constitute "fair ground[s] for litigation and thus [require] more deliberate investigation." *Roth v. Bank of Commonwealth*, 583 F.2d 527, 537 (6th Cir. 1978). This Court must only "satisfy itself, not that the I certainly have a right, but that I have a fair question to raise as to the existence of such a right." *Brandeis Machinery & Supply*

*Corp. and State Equipment Co., v. Barber-Geene Co.*, 503 F.2d 503 (6th Cir. 1974) (citing *American Federation of Musicians v. Stein*, 213 F.2d 679, 683 (6th Cir. 1954),



cert. denied, 348

U.S. 873, 75 S. Ct. 108, 99 L. Ed. 687 (1954)). "It will ordinarily be enough that the plaintiff has raised questions going to the merits so serious, substantial, difficult and doubtful, as to make them a fair ground for litigation and thus for mere deliberate investigation." *Id.* (citing *Hamilton Watch Co. v. Benrus Watch Co.*, 206 F.2d 738, 740 (2nd Cir. 1953)). My constitutional claim meet this standard.

My constitutional rights are above any law, internal ICE regulations and their procedures. In addition, I highly likely to be able to later win a lawsuit against ICE, get my passport back and receive compensation thanks to the precedent case of Yolanda U. Denieva v. Charles Reyes 966 F.2d 480. But that will be later, and now I need to get a passport to leave CNMI in order to stop the damage to my health and continue the lawsuit on my main case ..... from a safe place.

#### GRANTING AN INJUNCTION WILL NOT CAUSE SUBSTANTIAL HARM TO OTHERS AND IS IN THE PUBLIC INTEREST

Consequently, the public interest here favors issuance of a preliminary injunction for reasons similar to those discussed with respect to the other preliminary injunction factors: "[E]nforcement of an unconstitutional law is always contrary to the public interest." *Pursuing Am.'s Greatness v. F.E.C.*, 831 F.3d 500, 511 (D.C. Cir. 2016) (quoting *Gordon v. Holder*, 721 F.3d 638, 653 (D.C. Cir. 2013)); see also *League of Women Voters v.*

*Newby*, 838 F.3d 1, 12 (D.C. Cir. 2016) ("There is generally no public interest in the perpetuation of unlawful agency action."). There is in fact a "substantial public interest in having governmental agencies abide by the federal laws that govern their existence and operations."

Also now during pandemic of covid-19 being homeless I cannot maintain necessary anti epidemic measures including CNMI curfew what is increasing risk of transmission of covid-19 what is not in public interest.

In decision, I ask you to take into account the precedent case of Yolanda U. Denieva v. Charles Reyes 966 F.2d 480.

The amount of the claim is indicated in my main claim against ICE and is equal to at least \$ 3,995,000 and is calculated based on the precedent case of Yolanda U. Denieva v. Charles Reyes 966 F.2d 480

This Court should therefore issue a preliminary injunction while the case 1:20-cv-00032 is being litigated.

1

**CONCLUSION**

For the foregoing reasons, this Court should grant my Motion for Preliminary Injunction and oblige CNMI ICE field office to return me my Russian passport.



## Request for Dissolution of Credible Fear Process

### -- DECLARATION OF ALIEN --

I, Denis Uvarov, A-number 216121005, have decided to stop pursuing protection from removal through the credible fear process, and to leave the United States as soon as travel arrangements can be made. I have made this decision freely and voluntarily based upon my understanding of the following, which was explained to me by an asylum officer:

- I was placed into the credible fear process upon seeking admission to the United States, because I expressed a fear of harm upon return my country.
- I have the right to ask for protection from removal based on fear of return through the credible fear process.
- If I do not ask for protection from removal at this time, the Immigration and Naturalization Service (INS) will either permit me to withdraw my application for admission, or issue an order of removal against me and bar me from reentering or seeking admission to the U.S. for five (5) years or more. If I have engaged in fraud or misrepresentation of a material fact, or a false claim to U.S. citizenship, I will be permanently inadmissible to the United States.
- If I change my mind at any time prior to my final departure from the United States, I can again ask for protection from removal through the credible fear process by immediately notifying an INS officer that I wish to seek asylum, even if I stop pursuing my request for protection at this time.
- The reason that I have decided to not to ask for protection at this time is:  
(A stated reason must be recorded below. Attach extra pages if necessary)  
I do not want to wait and I want to go back to my country

Uvarov  
Alien's Last Name/Family Name (Print)

Denis  
Alien's First Name (Print)

*Uvarov*  
Alien's Signature

\_\_\_\_\_  
Asylum Officer's Name (Print)

\_\_\_\_\_  
Asylum Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisory Asylum Officer's Name (Print)

\_\_\_\_\_  
Supervisory Asylum Officer's Signature

\_\_\_\_\_  
Date

The contents of this form were read and explained to the alien in the \_\_\_\_\_ language.

Interpreter Used (if any):

☐ By telephone: (list interpreter service/ID number of interpreter) \_\_\_\_\_

☐ In person: I, \_\_\_\_\_, certify that I am fluent in both the \_\_\_\_\_ and English languages. I interpreted the above information completely and accurately to the alien.

\_\_\_\_\_  
Interpreter's Signature

\_\_\_\_\_  
Date



## Request for the Return of Original Documents

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-884  
OMB No. 1615-0100  
Expires 10/31/2021

For USCIS Use Only	File No. _____	Remarks
	Date _____	

▶ **START HERE - Type or print in black ink.**

**Part 1. Information About You (Person requesting the return of original documents)**

**IMPORTANT NOTE:** You do not need to file this request if you submitted original documents because U.S. Citizenship and Immigration Services (USCIS) requested originals. We will automatically return original documents that we requested once we no longer need them. Please refer to the instructions for the form you filed to determine whether non-requested original documents are available for return or destroyed after electronic processing.

**Your Full Name**

1.a. Family Name (Last Name) **UVAROV**  
1.b. Given Name (First Name) **DENIS**  
1.c. Middle Name **NONE**

**Mailing Address**

2.a. In Care Of Name **PAC OMBUDS FOR HUMAN LAW**  
2.b. Street Number and Name **PO BOX 502452**  
2.c. ☐ Apt. ☐ Ste. ☐ Flr.  
2.d. Number \_\_\_\_\_  
2.e. City or Town **SAIPAN**  
2.f. State **MP** 2.g. ZIP Code **96950**

**Other Information**

3. Alien Registration Number (A-Number) (if any)  
▶ A- **2 1 6 1 2 1 0 0 5**

4. USCIS Online Account Number (if any)



5. City/Town/Village of Birth

**YARCEVO**

6. Country of Birth

**RUSSIAN FEDERATION**

7. Date of Birth (mm/dd/yyyy)

8. Provide specific information about the desired documents or records (for example, marriage license, birth certificate, or death certificate).

**RUSSIAN PASSPORT # [REDACTED]**

9. Receipt Number (if any)



**Part 2. Data for Identification of Personal Record**

**Subject's Full Name**

1.a. Family Name (Last Name) **UVAROV**  
1.b. Given Name (First Name) **DENIS**  
1.c. Middle Name **NONE**



**Part 2. Data for Identification of Personal Record (continued)****Other Names Used (if any)**

Provide all other names the subject has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

**Additional Information.**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

**Birth Information**

4. Date of Birth (mm/dd/yyyy)

Place of Birth

5.a. City or Town

5.b. State or Province

5.c. Country

**Entry Into the United States**

6. Date of Entry (mm/dd/yyyy)

7. Port-of-Entry

8. Type of Entry (for example, visitor, student, etc.)

9. A-Number (if any)

**U.S. Citizenship Information**

Name on Certificate of Naturalization

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Certificate of Naturalization Number

12. Certificate of Naturalization Date (mm/dd/yyyy)

**Name on Certificate of Citizenship**

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. Certificate of Citizenship Number

15. Certificate of Citizenship Date (mm/dd/yyyy)

**Naturalization Court/USCIS Office and Location**

16.a. Naturalization Court/USCIS Office and Location

16.b. City or Town

16.c. State

17. Verification of Requestor's Identity

☐ In Person With Identification

☒ Legal Photocopies

**Part 3. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name)

NA

- 1.b. Interpreter's Given Name (First Name)

NA

2. Interpreter's Business or Organization Name (if any)

NA

**Interpreter's Mailing Address**

- 3.a. Street Number and Name

NA

- 3.b.
- ☐
- Apt.
- ☐
- Ste.
- ☐
- Flr.

- 3.c. City or Town

NA

- 3.d. State

NA

3.e. ZIP Code

- 3.f. Province

NA

- 3.g. Postal Code

NA

- 3.h. Country

NA

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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5. Interpreter's Mobile Telephone Number (if any)

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6. Interpreter's Email Address (if any)

NA

**Interpreter's Certification**

I certify, under penalty or perjury, that:

I am fluent in English and [REDACTED], which

is the same language specified in Part 5., Item Number 1.b., and I have read every question and instruction on this request and his or her answer to every question to this requestor in the identified language. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the Requestor's Declaration and Certification, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature

- 7.b. Date of Signature (mm/dd/yyyy)

**Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)

BLACKBURN

- 1.b. Preparer's Given Name (First Name)

PAMELA

2. Preparer's Business or Organization Name (if any)

PAC. OMB. FOR HUMAN. LAW

**Preparer's Mailing Address**

- 3.a. Street Number and Name

PO BOX 502452

- 3.b.
- ☐
- Apt.
- ☐
- Ste.
- ☐
- Flr.

- 3.c. City or Town

SAIPAN

- 3.d. State

MP

3.e. ZIP Code

96950

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

USA

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

6702349480

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

**Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)**

**Preparer's Statement**

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the requestor in this case  
☒ extends ☐ does not extend beyond the preparation of this request.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the requestor. The requestor then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the Requestor's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this form based only on information that the requestor provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

07/09/2020

**Do not sign Part 5. until you are before the Certifying Official.**

**Part 5. Requestor's Declaration, Certification, Signature, and Affidavit of Identity**

**NOTE:** Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this request and my answer to every question.
- 1.b. ☐ The interpreter named in Part 3. read to me every question and instruction on this request and my answer to every question in  
,  
a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in Part 4.,  
,  
prepared this request for me based only upon information I provided or authorized.

**Requestor's Contact Information**

3. Requestor's Daytime Telephone Number

6702864015

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Email Address (if any)

**Requestor's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to verify my identity and my authority to obtain the desired documents or records. I authorize the release of any information from my records that USCIS needs in order to respond to my request.

I certify, under penalty of perjury, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct

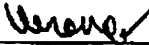
I swear that I am the person named in Part 1. of this request. I understand that if I falsify or conceal a material fact or submit a false document with this request that USCIS will deny it, deny any other immigration benefit, and that I may face severe penalties provided by law and may be subject to criminal prosecution, fine, or imprisonment (18 U.S.C. 1101).

**Part 5. Requestor's Declaration, Certification, Signature, and Affidavit of Identity (continued)**

Requestor's Printed Full Name

6.a. Family Name (Last Name) 6.b. Given Name (First Name) 6.c. Middle Name 

7.a. Signature (Your signature must be notarized. Do not sign until you are before the Certifying Official.)

7.b. Date of Signature (mm/dd/yyyy) 

I do hereby certify that the requestor named in Part 1. of this request personally appeared before me and executed the Affidavit of Identity.

Printed Name of USCIS Official

8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name 

9. Title of USCIS Official

10.a. Signature of USCIS Official (Sign in ink.)

10.b. Date of Signature (mm/dd/yyyy) **Certifying Official**

I do hereby certify that the requestor named in Part 1. of this request personally appeared before me and executed the Affidavit of Identity.

Printed Name of Certifying Official

11.a. Family Name (Last Name) 11.b. Given Name (First Name) 11.c. Middle Name 

12.a. Signature of Certifying Official (sign in ink)

12.b. Date of Signature (mm/dd/yyyy) 

13. In and for the:

Given under my hand and official seal

**Part 6. Additional Information**

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number




3.d.

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4.a. Page Number 4.b. Part Number 4.c. Item Number




4.d.

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5.a. Page Number 5.b. Part Number 5.c. Item Number




5.d.

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6.a. Page Number 6.b. Part Number 6.c. Item Number




6.d.

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7.a. Page Number 7.b. Part Number 7.c. Item Number




7.d.

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# **Notice of Entry of Appearance as Attorney or Accredited Representative**

**Department of Homeland Security**

**DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021**

## **Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)




### **Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### **Address of Attorney or Accredited Representative**

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Fir.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### **Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

## **Part 2. Eligibility Information for Attorney or Accredited Representative**

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

**Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

This appearance relates to immigration matters before (select only one box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

G-884

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

5. I enter my appearance as an attorney or accredited representative at the request of the (select only one box):

☒ Applicant ☐ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

**Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

6.a. Family Name (Last Name) Uvarov

6.b. Given Name (First Name) Denis

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

A- 2 1 6 1 2 1 0 0 5

**Client's Contact Information**

10. Daytime Telephone Number

6702864015

11. Mobile Telephone Number (if any)

6702864015

12. Email Address (if any)

**Mailing Address of Client**

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name PO Box 506315

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town Saipan

13.d. State MP 13.e. ZIP Code 96950

13.f. Province

13.g. Postal Code

13.h. Country

USA

**Part 4. Client's Consent to Representation and Signature****Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

**Part 4. Client's Consent to Representation and Signature (continued)****Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

2.a. Signature of Client or Authorized Signatory for an Entity

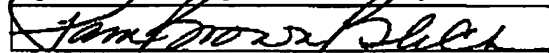
➡ 

2.b. Date of Signature (mm/dd/yyyy) 07/09/2020

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy) 07/09/2020

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

**Part 6. Additional Information**

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)   
 1.b. Given Name (First Name)   
 1.c. Middle Name

2.a. Page Number   
 2.b. Part Number   
 2.c. Item Number

2.d. Not applicable

3.a. Page Number   
 3.b. Part Number   
 3.c. Item Number

3.d. Not applicable

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. Not applicable

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. Not applicable

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. Not applicable



# Request for the Return of Original Documents

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-884  
OMB No. 1615-0100  
Expires 10/31/2021

<b>For USCIS Use Only</b>	File No _____	<b>Remarks</b>
	Date _____	

► **START HERE - Type or print in black ink.**

## Part 1. Information About You (Person requesting the return of original documents)

**IMPORTANT NOTE:** You do not need to file this request if you submitted original documents because U.S. Citizenship and Immigration Services (USCIS) requested originals. We will automatically return original documents that we requested once we no longer need them. Please refer to the instructions for the form you filed to determine whether non-requested original documents are available for return or destroyed after electronic processing.

### Your Full Name

1.a. Family Name (Last Name) UVAROV  
1.b. Given Name (First Name) DENIS  
1.c. Middle Name NONE

### Mailing Address

2.a. In Care Of Name PAC OMBUDS FOR HUMAN LAW  
2.b. Street Number and Name PO BOX 502452  
2.c. ☐ Apt. ☐ Ste. ☐ Flr.  
2.d. Number \_\_\_\_\_  
2.e. City or Town SAIPAN  
2.f. State MP 2.g. ZIP Code 96950

### Other Information

3. Alien Registration Number (A-Number) (if any)  
► A- 2 1 6 1 2 1 0 0 5

4. USCIS Online Account Number (if any)



5. City/Town/Village of Birth

YARCEVO

6. Country of Birth

RUSSIAN FEDERATION

7. Date of Birth (mm/dd/yyyy)



8. Provide specific information about the desired documents or records (for example, marriage license, birth certificate, or death certificate).

RUSSIAN PASSPORT # 753329429

9. Receipt Number (if any)



## Part 2. Data for Identification of Personal Record

### Subject's Full Name

1.a. Family Name (Last Name) UVAROV  
1.b. Given Name (First Name) DENIS  
1.c. Middle Name NONE



**Part 2. Data for Identification of Personal Record (continued)*****Other Names Used (if any)***

Provide all other names the subject has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

**Additional Information.**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

***Birth Information***

4. Date of Birth (mm/dd/yyyy)

Place of Birth

5.a. City or Town

5.b. State or Province

5.c. Country

***Entry Into the United States***

6. Date of Entry (mm/dd/yyyy)

7. Port-of-Entry

8. Type of Entry (for example, visitor, student, etc.)

9. A-Number (if any)   
 ▶ A-

***U.S. Citizenship Information***

Name on Certificate of Naturalization

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Certificate of Naturalization Number

12. Certificate of Naturalization Date (mm/dd/yyyy)

***Name on Certificate of Citizenship***

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. Certificate of Citizenship Number

15. Certificate of Citizenship Date (mm/dd/yyyy)

***Naturalization Court/USCIS Office and Location***

16.a. Naturalization Court/USCIS Office and Location

16.b. City or Town

16.c. State

17. Verification of Requestor's Identity

☐ In Person With Identification

☒ Legal Photocopies

**Part 3. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name)

NA

- 1.b. Interpreter's Given Name (First Name)

NA

2. Interpreter's Business or Organization Name (if any)

NA

**Interpreter's Mailing Address**

- 3.a. Street Number and Name

NA

- 3.b.
- ☐
- Apt.
- ☐
- Ste.
- ☐
- Flr.

- 3.c. City or Town

NA

- 3.d. State



- 3.e. ZIP Code

- 3.f. Province

NA

- 3.g. Postal Code

NA

- 3.h. Country

NA

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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5. Interpreter's Mobile Telephone Number (if any)

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6. Interpreter's Email Address (if any)

NA

**Interpreter's Certification**

I certify, under penalty or perjury, that:

I am fluent in English and , which

is the same language specified in Part 5., Item Number 1.b., and I have read every question and instruction on this request and his or her answer to every question to this requestor in the identified language. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the Requestor's Declaration and Certification, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature

- 7.b. Date of Signature (mm/dd/yyyy)

**Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)

BLACKBURN

- 1.b. Preparer's Given Name (First Name)

PAMELA

2. Preparer's Business or Organization Name (if any)

PAC.OMB.FOR HUMAN.LAW

**Preparer's Mailing Address**

- 3.a. Street Number and Name

PO BOX 502452

- 3.b.
- ☐
- Apt.
- ☐
- Ste.
- ☐
- Flr.

- 3.c. City or Town

SAIPAN

- 3.d. State

MP

- 3.e. ZIP Code

96950

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

USA

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

6702349480

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

**Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)**

**Preparer's Statement**

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the requestor in this case ☒ extends ☐ does not extend beyond the preparation of this request.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the requestor. The requestor then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the Requestor's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this form based only on information that the requestor provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

07/09/2020

**Do not sign Part 5. until you are before the Certifying Official.**

**Part 5. Requestor's Declaration, Certification, Signature, and Affidavit of Identity**

**NOTE:** Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this request and my answer to every question.
- 1.b. ☐ The interpreter named in Part 3. read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in Part 4., , prepared this request for me based only upon information I provided or authorized.

**Requestor's Contact Information**

3. Requestor's Daytime Telephone Number

6702864015

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Email Address (if any)

**Requestor's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to verify my identity and my authority to obtain the desired documents or records. I authorize the release of any information from my records that USCIS needs in order to respond to my request.

I certify, under penalty of perjury, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct

I swear that I am the person named in Part 1. of this request. I understand that if I falsify or conceal a material fact or submit a false document with this request that USCIS will deny it, deny any other immigration benefit, and that I may face severe penalties provided by law and may be subject to criminal prosecution, fine, or imprisonment (18 U.S.C. 1101).

**Part 5. Requestor's Declaration, Certification, Signature, and Affidavit of Identity (continued)**

Requestor's Printed Full Name

- 6.a. Family Name (Last Name) **UVAROV**
- 6.b. Given Name (First Name) **DENIS**
- 6.c. Middle Name **NONE**

7.a. Signature (Your signature must be notarized. Do not sign until you are before the Certifying Official.)

7.b. Date of Signature (mm/dd/yyyy)

I do hereby certify that the requestor named in Part 1. of this request personally appeared before me and executed the Affidavit of Identity.

Printed Name of USCIS Official

- 8.a. Family Name (Last Name)
- 8.b. Given Name (First Name)
- 8.c. Middle Name

9. Title of USCIS Official

10.a. Signature of USCIS Official (Sign in ink.)

10.b. Date of Signature (mm/dd/yyyy)

**Certifying Official**

I do hereby certify that the requestor named in Part 1. of this request personally appeared before me and executed the Affidavit of Identity.

Printed Name of Certifying Official

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name

12.a. Signature of Certifying Official (sign in ink)

12.b. Date of Signature (mm/dd/yyyy)

13. In and for the:

Given under my hand and official seal

**Part 6. Additional Information**

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name) **UVAROV**

1.b. Given Name (First Name) **DENIS**

1.c. Middle Name **NONE**

2. A-Number (if any)

► A- **2 1 6 1 2 1 0 0 5**

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.





Денис Уваров &lt;ugreban@gmail.com&gt;

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**Dismissal interview#3**

1 message

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Денис Уваров <ugreban@gmail.com>

Wed, Sep 9, 2020 at 11:50 AM

To: Los Angeles Asylum &lt;losangelesasylum@uscis.dhs.gov&gt;

My name is Denis Uvarov. I am currently in removal proceedings under INA 212 (a)(7)(A)(i)(I), file number 216-121-005. I am kindly requesting organize action regarding my dismissal interview because of my hard mental condition caused on hard living conditions during pending of this case. This is in interest of your community while I do not have harmed to myself or others.

Supporting documentation was attached earlier.



Денис Уваров &lt;ugreban@gmail.com&gt;

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**Dismissal interview#5**

1 message

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Денис Уваров <ugreban@gmail.com>

Wed, Oct 7, 2020 at 11:12 PM

To: Los Angeles Asylum &lt;losangelesasylum@uscis.dhs.gov&gt;

Dear Los Angeles asylum office.

This is Denis Uvarov. I am currently in removal proceedings under INA 212 (a)(7)(A)(i)(I), file number 216-121-005.

As I already informed you during the last three months, I want to leave your hospitable country and no longer need the so-called protection, because I rather need protection from your country, from your racism, negligence and arbitrariness. You informed me that before I can receive my passport, which is my only travel document, I must pass a dismissal interview. Which you cannot and do not want to organize within a reasonable time frame. Your colleagues from ICE do not give back my passport without dismissal interview in your organization.

In this regard, I want to remind you once again that I want to leave your country and for this I need to pass all your required procedures which you do not want to organize.

I want to inform you that I filed lawsuit to federal court against your organization. I also want to inform you that I have no work permit in your beautiful country and no means of subsistence. In this regard, I experience moral and physical suffering, because I am actually homeless, I have nothing to eat, there is no way to maintain normal hygiene, I have depression, and I also got some kind of infection. Also the typhoon season is coming and staying in CNMI I risk dying being homeless, because of your fault. You are forcibly keeping me in your country. All this will be brought to the attention of the judge. You are violating the 1967 Refugee Protocol and the Declaration of Human Rights. All of this will be brought to the attention of the judge. You thus endanger my life and health. Due to being in your country, my health is getting worse every day, and my depression is getting worse. I also have risk to get infected by COVID-19.

The longer you keep me forcibly in your country, the more I will demand compensation from your organization. Your inaction will lead to wasting your taxpayers' money.

Given the above circumstances, are you going to take SOON any action (dismissal interview) so that I can obtain my travel document and leave your country?



Денис Уваров &lt;ugreban@gmail.com&gt;

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**Interview**

4 messages

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Денис Уваров <ugreban@gmail.com>  
To: Los Angeles Asylum <losangelesasylum@uscis.dhs.gov>

Fri, Nov 13, 2020 at 1:59 PM

I need my passport back! Schedule my interview!

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Los Angeles Asylum <LosAngelesAsylum@uscis.dhs.gov>  
To: Денис Уваров <ugreban@gmail.com>

Tue, Nov 17, 2020 at 3:35 AM

Dear applicant,

Please provide your name, alien registration number (A-number), and page one of your form I-589 so we may assist you.

Thank you,

Los Angeles Asylum Office

14101 MYFORD RD, TUSTIN CA 92780

LosAngelesAsylum@uscis.dhs.gov

Mailing address: PO BOX 2003 Tustin, CA 92781-2003

Phone: (714) 368-5700 Fax: (714) 368-5799.

You may check case status on-line at <https://egov.uscis.gov/casestatus/landing.do>

KC

*This communication, along with any attachments, is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution, use or copying of this message is strictly prohibited. If you have received this in error, please reply immediately to the sender and delete this message.*

[Quoted text hidden]

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Денис Уваров <ugreban@gmail.com>  
To: Los Angeles Asylum <LosAngelesAsylum@uscis.dhs.gov>

Tue, Nov 17, 2020 at 10:15 AM

My name is Denis Uvarov, A-number 216 121 005

[Quoted text hidden]



IMG\_20201117\_100732.jpg  
1707K

ZLA APSO <ZLAAPSO@uscis.dhs.gov>  
To: "ugreban@gmail.com" <ugreban@gmail.com>

Wed, Dec 2, 2020 at 3:44 AM

Good afternoon,

We are unable to schedule non detained interviews in Saipan at this time.

We apologies for the inconvenience and challenges this may cause for you.

When we are able to resume interviews you will be contacted and scheduled for an interview.

Thank you

APSO Unit

Los Angeles Asylum Office (ZLA)

Refugee, Asylum, and International Operations

14101 Myford Rd., Tustin, CA 92781-2003

**From:** Los Angeles Asylum <LosAngelesAsylum@uscis.dhs.gov>  
**Sent:** Wednesday, November 25, 2020 2:13 PM  
**To:** ZLA APSO <ZLAAPSO@uscis.dhs.gov>  
**Subject:** FW: Interview

Hi Team,

I believe this inquiry is for the APSO team.

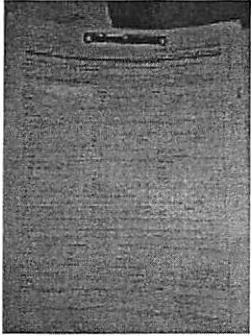
Thank you,

Reem

**From:** Денис Уваров <ugreban@gmail.com>  
**Sent:** Monday, November 16, 2020 4:15 PM  
**To:** Los Angeles Asylum <LosAngelesAsylum@uscis.dhs.gov>  
**Subject:** Re: Interview

**CAUTION:** This email originated from outside of the Federal Government. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact the USCIS Security Operations Center with questions or click the "Report Suspicious Email" button to report it as a phishing attempt.

[Quoted text hidden]



IMG\_20201117\_100732.jpg  
1707K





Денис Уваров &lt;ugreban@gmail.com&gt;

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**FW: Dismissal interview#3 - A216121005 Saipan ND interview**

1 message

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**ZLA APSO NONDETAINED** <zlaapsonondetained@uscis.dhs.gov>

Tue, Sep 15, 2020 at 5:10 AM

To: "ugreban@gmail.com" &lt;ugreban@gmail.com&gt;

Cc: ZLA APSO NONDETAINED &lt;zlaapsonondetained@uscis.dhs.gov&gt;

Good Morning-

We are unable to schedule your interview at this time. Please feel free to follow-up in the coming weeks for any updates.

Many Thanks,

Non-Detained APSO Unit

Los Angeles Asylum Office (ZLA)

Refugee, Asylum, and International Operations

14101 Myford Rd., Tustin, CA 92780

Office: (714) 368-5700

Email: zlaapsonondetained@uscis.dhs.gov

**From:** Денис Уваров <ugreban@gmail.com>

**Sent:** Tuesday, September 8, 2020 6:50 PM

**To:** Los Angeles Asylum <LosAngelesAsylum@uscis.dhs.gov>

**Subject:** Dismissal interview#3

**CAUTION:** This email originated from outside of the Federal Government. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact the USCIS Security Operations Center with questions or click the "Report Suspicious Email" button to report it as a phishing attempt.

My name is Denis Uvarov. I am currently in removal proceedings under INA 212 (a)(7)(A)(i)(I), file number 216-121-005. I am kindly requesting organize action regarding my dismissal interview because of my hard mental condition caused on hard living conditions during pending of this case. This is in interest of your community while I do not have harmed to myself or others.

Supporting documentation was attached earlier.



Денис Уваров &lt;ugreban@gmail.com&gt;

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**Return passport**

1 message

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Денис Уваров <ugreban@gmail.com>

Sat, Sep 12, 2020 at 9:46 AM

To: DHSExecSec@hq.dhs.gov

My name is Denis Uvarov. I am currently in removal proceedings under INA 212 (a)(7)(A)(i)(I), file number 216-121-005. I am now on the Northern Mariana Islands. I do not need anymore anything from United States of America and I want to leave this country, but ICE confiscated my passport and doesn't give back. They tell that I must pass a dissolution interview first, but nobody schedules this interview. I believe that DHS unlawfully restrict my freedom of movement and violates Refugee Protocol 1967. Please, return my passport.

To Saipan Immigration Court  
from Uvarov Denis, Russian citizen  
A-number 216 121 005

Motion to oblige department of Homeland Security Immigration and Customs  
Enforcement (ICE) to return my Russian passport.

Honorable Court, I had to fly from Russia to CNMI on November 29, 2017.

I addressed to the local office of ICE of DHS for political asylum. While waiting for  
proceedings my plans have changed. I do not want to an asylum applicant anymore.

I informed of my wish to go home on July 10, 2010. For the whole month I cannot get  
my passport back. The passport had been taken by ICE illegally because it is my  
identity document and this is Russian government property.

I addressed LA asylum Office – the Federal level of DHS/ICE but nobody has given  
back my passport. .

I need Saipan Immigration Court to oblige ICE to return my passport. .

08.11.2020

Uvarov Denis

DEPARTMENT OF JUSTICE  
Executive Office for  
Immigration Review

AUG 11 2020

Immigration Court  
Saipan, MP





# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands  
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



## Family Care Clinic

To Whom it May Concern:

I am writing this letter on behalf of Denis Uvarov per his request to provide his mental health diagnosis. Mr. Uvarov presented to the Commonwealth Healthcare Corporation on February 18<sup>th</sup>, 2020 for the purposes of undergoing a psychiatric evaluation. Per the signs and symptoms which Mr. Uvarov exhibited and endorsed, he meets criteria for Major Depressive Disorder.

Sincerely,

*Justin T. van der Meid, MD*

Justin T. van der Meid, MD

---

P.O. Box 500409 CK, Saipan, MP 96950  
Telephone: (670) 234-8950 ext. 3500/3505 FAX: (670) 234-8930  
Email Address: chcfcc@gmail.com



## Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands  
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



### *Family Care Clinic*

To Whom it May Concern:

Denis Uvarov is a client of mine at the family care clinic where I am employed as a board certified psychiatrist. Mr. Uvarov was recently started on Prozac 20mg daily on 10/17/20 for concerns regarding depression.

Sincerely,

*Justin T. van der Meid, MD*

Justin T. van der Meid, MD  
10/17/20



RECORD

Progress Notes

NOTE DATED: 11/18/2020 15:10

LOCAL TITLE: CHC\*ER\*PROVIDER\*NOTE

VISIT: 11/18/2020 14:54 CHC EMERGENCY

~~~~~CHC ER PROVIDER NOTE~~~~~

DENIS UVAROV

DOB: [REDACTED] 92-37-20

NOV 18, 2020

Time Seen: 1500

PCP: None

KNOWN ALLERGIES: Patient has answered NKA

CC/HPI: 33 y/o MALE arrives with c/o having scrotal pain. He was originally seen for the same in late September. He was diagnosed with epididymitis and placed on Abx. States he has some improvement, but symptoms returned after the medications finished. He is still not sexually active. He denies any penile discharge. He thought there might be some correlation to his pain and recent swimming in ocean.

ROS:

8 systems reviewed and negative except as mentioned in the HPI.

PMH: Chronic Problems: None Found

PSHx:

FamH: No Family History Found for Patient

OutPt Meds: Active Outpatient Medications (including Supplies):

| Active Outpatient Medications                                                        | Status |
|--------------------------------------------------------------------------------------|--------|
| 1) CIPROFLOXACIN 500MG TAB TAKE ONE (1) TABLET BY MOUTH EVERY 12 HOURS FOR INFECTION | ACTIVE |
| 2) FLUOXETINE 20MG CAP TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY FOR DEPRESSION        | ACTIVE |
| 3) NAPROXEN 500MG TAB TAKE ONE (1) TABLET BY MOUTH EVERY 12 HOURS IF NEEDED FOR PAIN | ACTIVE |

EXAM: BP:120/80, O2:99, PU:61, RS:19, TMP:98.6 (37 C), WT:187.39 (85.08 kg)

Gen: NAD

Head: Normocephalic

Abd: soft, NTND

GU: Circumcised penis. Bilateral descended testicles. No palpable hernia.

No lumps or masses with palpation.

Ext: MAE

Skin: Warm, dry

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

UVAROV, DENIS  
923720 DOB: 07/24/1987

COMMONWEALTH HEALTH CENTER  
Pt Loc: OUTPATIENT

Printed: 11/27/2020 08:33  
Vice 3F 509

## MEDICAL RECORD

Progress Notes

11/18/2020 15:10 \*\* CONTINUED FROM PREVIOUS PAGE \*\*

## LABS:

|                          |           |
|--------------------------|-----------|
| URINE COLOR              | YELLOW    |
| URINE CLARITY            | CLEAR     |
| URINE GLUCOSE            | NEGATIVE  |
| URINE BILIRUBIN          | NEGATIVE  |
| URINE KETONES            | NEGATIVE  |
| SPECIFIC GRAVITY         | 1.030     |
| URINE BLOOD              | TRACE     |
| URINE PH                 | 5.5       |
| URINE PROT               | NEGATIVE  |
| URINE UROBILINOGEN       | NORMAL    |
| URINE NITRITE            | NEGATIVE  |
| URINE LEUKOCYTE ESTERASE | NEGATIVE  |
| URINE EPITH CELLS        | 0-3       |
| URINE MUCUS              | MANY      |
| URINE WBC                | 0-2       |
| URINE RBC                | 0-1       |
| URINE BACTERIA           | FEW       |
| URINE CRYSTALS           | NONE SEEN |
| URINE CASTS              | NONE SEEN |

## RADS:

No acute findings

See Dr. Rolle's note

## MDM / ED COURSE:

This is a 33 year old male with scrotal pain. UA without signs of infection. Sonography without acute findings. PE is benign. Plan to have patient continue on naproxen. Due to continued pain and discomfort, plan to have patient schedule f/u with surgery clinic for reevaluation.

Ddx: Torsion, epididymitis, UTI, prostatitis

## DIAGNOSIS:

Scrotal pain

Disposition: Discharge

DISCHARGE INSTRUCTIONS: Return for concerns, follow-up with SC

Signed by: /es/ DAVID S KNABEL  
11/18/2020 16:59

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

UVAROV, DENIS  
923720 DOB:07/24/1987

COMMONWEALTH HEALTH CENTER  
Pt Loc: OUTPATIENT

Printed: 11/27/2020 08:33  
Vice SF 509

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MEDICAL RECORD

Progress Notes

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11/18/2020 15:10

\*\* CONTINUED FROM PREVIOUS PAGE \*\*

Receipt Acknowledged By:

/es/ RODNEY KLASSEN

11/18/2020 17:02

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UVAROV, DENIS  
923720 DOB: 07/24/1987

COMMONWEALTH HEALTH CENTER  
Pt Loc: OUTPATIENT

Printed: 11/27/2020 08:33  
Vice SF 509

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MEDICAL RECORD

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Progress Notes

NOTE DATED: 11/18/2020 16:51  
LOCAL TITLE: RADIOLOGY\*REPORT  
STANDARD TITLE: RADIOLOGY REPORT  
VISIT: 11/18/2020 15:22 CHC RAD ULTRASOUND  
EXAM: Scrotal ultrasound.

DATE: 11/18/20.

REFERRING PROVIDER: Knabel

INDICATION: 33-year-old male with testicular pain.

COMPARISON: None.

FINDINGS:

Right testicle: 4.7 x 2.3 x 3.4 cm in size. The epididymis is normal in appearance. Trace hydrocele. Vascularity is grossly unremarkable.

Less testicle: 4.1 x 2.3 x 2.9 cm in size. The epididymis is normal in appearance. Trace hydrocele. Vascularity is grossly unremarkable.

IMPRESSION: No significant abnormality.

Signed by: /es/ Timothy Rolle,MD  
11/18/2020 16:54

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MEDICAL RECORDProgress Notes  
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NOTE DATED: 09/30/2020 18:12

LOCAL TITLE: CHC\*ER\*PROVIDER\*NOTE

VISIT: 09/30/2020 18:03 CHC EMERGENCY

~~~~~CHC ER PROVIDER NOTE~~~~~

DENIS UVAROV

DOB: [REDACTED]

SEP 30, 2020

Time Seen: SEP 30, 2020 18:12

PCP:

KNOWN ALLERGIES: Patient has answered NKA

## Vitals:

BP:143/81, O2:98, PU:78, RS:19, TMP:98.6 (37 C), WT:194.01 (88.08 kg)

CC: scrotal pain

HPI: 33 MALE, previously healthy, presents with scrotal pain that started several days ago. He describes the pain as being "between my testicles and my penis". No discharge. No fever. Denies being sexually active "for a long time". No previous episodes.

## ROS:

Constitution No fever. No weight loss. No night sweats.  
 Eyes No vision changes. No double vision.  
 Neuro No headache. No dizziness. No new focal weakness. No numbness.  
 Endocrine No increased thirst or urination.  
 Resp No SOB. No cough. No increased sputum. No hemoptysis.  
 CV No chest pain/pressure. No palpitations. No leg swelling.  
 GI No N/V. No diarrhea. No abdo pain. No hematemesis or hematochezia.  
 GU No dysuria/frequency/urgency.  
 Skin No rash. No itchiness.  
 All other systems reviewed, and negative.

## MHx:

Chronic Problems: None Found

## SHx:

No procedures found for pt

## FHx:

No Family History Found for Patient

## Sochx:

Social Problems: None Found

## Outpatient MEDS:

Active Outpatient Medications (including Supplies):

No Medications Found

## PHYSICAL EXAM:

BP:143/81, O2:98, PU:78, RS:19, TMP:98.6 (37 C), WT:194.01 (88.08 kg)

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

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UVAROV, DENIS

COMMONWEALTH HEALTH CENTER

Printed:10/01/2020 15:23

923720 DOB:07/24/1987

Pt Loc: OUTPATIENT

Vice SF 509  
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MEDICAL RECORDProgress Notes  
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09/30/2020 18:12      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

Gen     Appears well. Afebrile. A&O x 3.  
 GU     No scrotal edema or erythema. No testicular edema or TTP. TTP along  
 epididymides (R>L).

## INVESTIGATIONS:

## LABS:

|                          |           |             |
|--------------------------|-----------|-------------|
| URINE COLOR              | YELLOW    |             |
| URINE CLARITY            | CLEAR     |             |
| URINE GLUCOSE            | NEGATIVE  |             |
| URINE BILIRUBIN          | NEGATIVE  |             |
| URINE KETONES            | NEGATIVE  |             |
| SPECIFIC GRAVITY         | 1.030     |             |
| URINE BLOOD              | TRACE     |             |
| URINE PH                 | 5.5       |             |
| URINE PROT               | TRACE     |             |
| URINE UROBILINOGEN       | 2.0       | H           |
| URINE NITRITE            | NEGATIVE  |             |
| URINE LEUKOCYTE ESTERASE | NEGATIVE  |             |
| URINE EPITH CELLS        | 0-4       |             |
| URINE MUCUS              | FEW       |             |
| URINE WBC                | 0-2       |             |
| URINE RBC                | 0-4       |             |
| URINE BACTERIA           | NONE SEEN |             |
| URINE CRYSTALS           | NONE SEEN |             |
| URINE CASTS              | NONE SEEN |             |
| GC CHLAMYDIA PCR         |           | ACCESSIONED |
| GC PCR                   |           | ACCESSIONED |
| CHLAMYDIA PCR            |           | ACCESSIONED |

## COURSE IN ED:

Stable

## ED MEDS:

cipro 500mg PO  
 Naprosyn 500mg PO

## IMPRESSION/MDM:

Epididymal pain that is most likely d/t epididymitis. No fever or discharge, and  
 pt states he has not been sexually active, so GC/CT is less likely. Will treat  
 with Cipro & Naprosyn.

Urine sent for STI testing - if POS, will require ceftriaxone + doxycycline or  
 azithromycin.

## DIAGNOSIS:

epididymitis

## DISCHARGE INSTRUCTIONS:

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

UVAROV, DENIS  
 923720 DOB: [REDACTED]

COMMONWEALTH HEALTH CENTER  
 Pt Loc: OUTPATIENT

Printed: 10/01/2020 15:23  
 Vice SF 509



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MEDICAL RECORD

Progress Notes  
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09/30/2020 18:12      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

Return to the ER for reassessment if symptoms become worse.

DISCHARGE MEDS:

cipro 500mg PO bid x 10 days

Naprosyn 500mg PO bid x 10 days

Pt Contact #: 670-484-4015

Signed by: /es/ RODNEY KLASSEN  
09/30/2020 19:09

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UVAROV, DENIS

COMMONWEALTH HEALTH CENTER

Printed: 10/01/2020 15:23

923720 DOB: [REDACTED]

Pt Loc: OUTPATIENT

Vice SF 509  
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## MEDICAL RECORD

Progress Notes

NOTE DATED: 11/24/2020 19:40

LOCAL TITLE: CHC\*PCAP\*PROVIDER\*NOTE

VISIT: 11/24/2020 19:25 CHC PCAP

~~~~~CHC PCAP PROVIDER NOTE~~~~~

Encounter PCAP

WT:189.60 (86.08 kg), TMP:98.60 (37 C), BP:137/89, PU:90, RS:19, O2:97[ ]

CC: 33year old MALE Pt. presents with CC of pain to right side of face, right shoulder and right hip. He states he was beaten up for no reason by a drunken man. He is under DPS custody at this time. He ambulates into the department without difficulty. He is calm and polite during exam.

Denies fever, cough, rhinorrhea, N/V/D, dysuria.

PMH:

Episodic Problems:

- 1)Low back pain | |  
(Last update on JAN 14, 2020@13:50:03)
- 2)Epididymitis | |  
(Last update on SEP 30, 2020@18:19:29)
- 3)Pain in scrotum | |  
(Last update on NOV 18, 2020@15:10:02)
- 4)Pain in face | |  
(Last update on NOV 24, 2020@19:39:31)

Surgeries:

No procedures found for pt

Allergies:

Patient has answered NKA

Physical Exam:

Gen: NAD

Eyes: EOMI

ENT: Ears: TMs Gray, No Discharge

Neck: Supple

MS: MAE. Mild tenderness to right lateral deltoid. No ecchymosis. Full ROM.

Right lateral hip with tenderness. Full ROM of hip.

Skin: Superficial abrasion to left middle finger at MCP joint.

MDM:

Pt. here after getting punched and kicked. He is stable with minor injuries from direct trauma. Will give NSAIDs for pain. He is currently under arrest and will be released to DOC. Return precautions given.

Dx:

Pain in face | ; |

Discharge Meds:

Active Outpatient Medications (including Supplies):

Ibuprofen 800mg po X 1

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

UVAROV,DENIS

923720 DOB: [REDACTED]

COMMONWEALTH HEALTH CENTER

Pt Loc: OUTPATIENT

Printed:11/27/2020 08:33

Vice SF 509

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MEDICAL RECORD

Progress Notes

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11/24/2020 19:40      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

Follow up instructions:  
DOC paperwork completed  
Released to DOC custody

Signed by: /es/ KEITH LONGUSKI,PA  
11/24/2020 19:54

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UVAROV, DENIS  
923720 DOB: [REDACTED]

COMMONWEALTH HEALTH CENTER  
Pt Loc: OUTPATIENT

Printed: 11/27/2020 08:33  
Vice SF 509

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